

Exhibit 3



125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | 512.463.8588 | WWW.TXDOT.GOV

Thu, 01 April 2021

STATE OF TEXAS §

This is to certify that I, Jim Hollis, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Sun, 07 June 2020, which occurred in Cameron County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

A handwritten signature in blue ink that appears to read "Jim Hollis".

Jim Hollis
Director, Crash Data & Analysis Section
125 East 11th Street
Austin, TX 78701-2483
1-844-274-7457



OUR VALUES: People • Accountability • Trust • Honesty
OUR MISSION: Connecting You With Texas

An Equal Opportunity Employer



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 5

IDENTIFICATION & LOCATION		*Crash Date (MM/DD/YYYY) 06 / 07 / 2020		*Crash Time (24HRMM) 0 4 1 3		Case ID 2982886		Local Use																																																																					
		*County Name CAMERON		*City Name				<input checked="" type="checkbox"/> Outside City Limit																																																																					
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 2 5 * 9 9 1 7 3		Longitude (decimal degrees) 0 9 7 * 1 7 9 2 3																																																																							
ROAD ON WHICH CRASH OCCURRED																																																																													
*1 Rdwy. SH Sys.		*Hwy. 4 Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix																																																																	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 55		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																																			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																													
At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. I.R. Hwy. Num.		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name LBJ		4 Street Suffix BLVD																																																																	
Distance from Int. or Ref. Marker 10		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker E		Reference Marker		Street Desc.		RRX Num.																																																																			
Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State FL	LP Num. JA07JV		VIN 1 3 H S D J S J R 4 D N 2 0 3 2 1 2																																																																						
Veh. Year 2 0 1 3	6. Veh. Color SIL	Veh. Make INTERNATIONAL				Veh. Model PROSTAR		7 Body Style TT				<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																																																																	
8 DL/ID Type 2	DL/ID State FL	DL/ID Num. T632960823800		9 DL Class 98	10 CDL End. 98		11 DL Rest. 98	DOB (MM/DD/YYYY) 1 0 / 2 0 / 1 9 8 2																																																																					
Address (Street, City, State, ZIP) 6331 W 26th ST Bradenton, FL 34207																																																																													
<table border="1"> <tr> <td>Person Num.</td> <td>12 Psnl. Type</td> <td>13 Seat Position</td> <td colspan="6">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</td> <td>14 Injury Severity</td> <td>Age</td> <td>15 Ethnicity</td> <td>16 Sex</td> <td>17 Eject.</td> <td>18 Restr.</td> <td>19 Airbag</td> <td>20 Helmet</td> <td>21 Sol.</td> <td>22 Alc. Spec.</td> <td>Alc. Result</td> <td>23 Drug Spec.</td> <td>24 Drug Result</td> <td>25 Drug Category</td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td colspan="6">Treto, Yandi</td> <td>N</td> <td>37</td> <td>H</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td>96</td> <td>97</td> <td>97</td> <td></td> </tr> <tr> <td colspan="13"></td> <td colspan="5">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </table>														Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	Treto, Yandi						N	37	H	1	1	1	1	97	N	96	96	97	97															Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																							
1	1	1	Treto, Yandi						N	37	H	1	1	1	1	97	N	96	96	97	97																																																								
													Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address SYM Trucking LLC, 1803 W 47th Avenue DR Bradenton, FL 34207																																																																											
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name Lancer Insurance Company		Fin. Resp. Num. CM0064216-02																																																																					
Fin. Resp. Phone Num. 407-679-8181				27 Vehicle Damage Rating 1 1 0 - L F Q - 4				27 Vehicle Damage Rating 2 1 1 - L D - 3				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																	
Towed By Capital Towing LLC				Towed To 1318 N Commerce St, Harlingen, TX 78550																																																																									
Unit Num. 2	5 Unit Desc. 6	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State FL	LP Num. 1029CU		VIN 1 U Y F S 2 4 8 X 6 A 9 2 5 1 1 5																																																																						
Veh. Year 2 0 0 6	6. Veh. Color 99	Veh. Make UTILITY TRAILER MFG				Veh. Model NOT APPLICABLE		7 Body Style TL						<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																																																															
8 DL/ID Type	DL/ID State	DL/ID Num.		9 DL Class	10 CDL End.		11 DL Rest.	DOB (MM/DD/YYYY)																																																																					
Address (Street, City, State, ZIP)																																																																													
<table border="1"> <tr> <td>Person Num.</td> <td>12 Psnl. Type</td> <td>13 Seat Position</td> <td colspan="6">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</td> <td>14 Injury Severity</td> <td>Age</td> <td>15 Ethnicity</td> <td>16 Sex</td> <td>17 Eject.</td> <td>18 Restr.</td> <td>19 Airbag</td> <td>20 Helmet</td> <td>21 Sol.</td> <td>22 Alc. Spec.</td> <td>Alc. Result</td> <td>23 Drug Spec.</td> <td>24 Drug Result</td> <td>25 Drug Category</td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="6"></td> <td></td> </tr> <tr> <td colspan="13"></td> <td colspan="5">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </table>														Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																					Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																							
													Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address SYM Trucking LLC, 1803 W 47th Avenue DR Bradenton, FL 34207																																																																											
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name Lancer Insurance Company		Fin. Resp. Num. CM0064216-02																																																																					
Fin. Resp. Phone Num. 407-679-8181				27 Vehicle Damage Rating 1 1 0 - L F Q - 4				27 Vehicle Damage Rating 2 1 1 - L D - 3				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																	
Towed By Capital Towing LLC				Towed To 1318 N Commerce St., Harlingen, TX 78550																																																																									

Copy from Custodial File

Case 1:21-cv-00054 Document 23-3 Filed on 11/15/21 in TXSD Page 4 of 12

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	

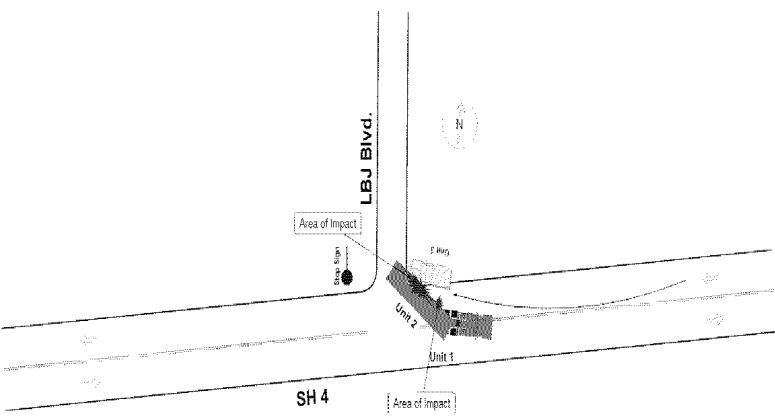
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.	

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address			

CMV	Unit Num.	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num. 02998751
	Carrier's Corp. Name	SYM Trucking LLC	Carrier's Primary Addr.	1803 W 47th Avenue DR Bradenton, FL 34207							30 Veh. Type 9
	31 Bus Type	0	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	5 2 3 5 0	HazMat Released	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num.	ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 5
	Unit Num.	2	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	6 8 0 0 0	34 Trlr. Type	2	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	13	35 Seq. 2	35 Seq. 3	35 Seq. 4	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight		Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	3						1	2	97	1	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale						
	Unit 1 towing Unit 2 came to a stop facing east on SH 4; then attempted to reverse northwest across an oncoming lane into LBJ Blvd. Unit 3 was traveling west on SH 4 approaching Unit 1 and 2. Unit 1 and 2 Backed without Safety, causing Unit 3s Front Left to strike Unit 2s Front Left Quarter and Side Swipe Unit 2s Left Side. Unit 1 and 2 remained stopped partially on SH 4 and LBJ Blvd. Unit 3 remained stopped under Unit 2. Note: Unit 3 driver may have been fatigued due not sleeping since the morning of 06/06/2020 and had been drinking (alcoholic beverages) while at the beach. Autopsy results are pending, with investigation ongoing.														



Copy from Custodial File

INVESTIGATOR	Time Notified (24HR:MM)	1 4 1 8	How Dispatched	Time Arrived (24HRMM)	0 4 5 4	Report Date (MM/DD/YYYY)	0 6 0 7 2 0 20
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Rodriguez, Hector		ID Num.	15582
	ORI Num.	T X D P S 5 8 0 4	*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H P 3 A 0 7	



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 5

*Crash Date (MM/DD/YYYY) 06 / 07 / 2020					*Crash Time (24HRMM) 0 4 1 3					Case ID 2982886					Local Use														
*County Name CAMERON										*City Name										<input checked="" type="checkbox"/> Outside City Limit									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?					<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		Latitude (decimal degrees) 2 5 9 9 1 7 3					Longitude (decimal degrees) 0 9 7 1 7 9 2 3															
ROAD ON WHICH CRASH OCCURRED																													
*1 Rdwy. SH Sys.		*Hwy. 4 Num.		2 Rdwy. 1 Part		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix																	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 55		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																		
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																													
At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.			1 Rdwy. L-R Hwy. Num.		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name LBJ		4 Street Suffix BLVD																
Distance from Int. or Ref. Marker 10			<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker E		Reference Marker		Street Desc.		RRX Num.																		
Unit Num. 3	5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. MWV6323		VIN	3 G T U 9 D E D 0 I G 2 0 8 4 4 0																	
Veh. Year 2 0 2 0	6. Veh. Color WHI		Veh. Make GMC		Veh. Model SIERRA		7 Body Style PK						<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																
8 DL/ID Type 1	DL/ID State TX		DL/ID Num. 29503798		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 9 / 2 0 / 1 9 8 4																		
Address (Street, City, State, ZIP) 2004 Yost RD San Benito, TX 78586																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																													
Person Num.	12 Psn. Type	13 Seat Position	14 Injury Severity										15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category					
1 1 1	Venegas, Carlos Javier		K										H	1	1	99	5	97	N	98	98	99	99						
2 2 3	Venegas, Lucinne Dennise		B										36	H	2	1	1	3	97	Y									
3 2 4	Venegas, Gabriela Dannelly		A										10	H	2	1	1	5	97	Y									
4 2 5	Venegas, Danniela Denise		B										13	H	2	1	3	97	97	Y									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Name & Address De Venegas Medellin, Maria J, 6928 Red Cedar ST Brownsville, TX 78526																											
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		27 Vehicle Damage Rating 1		1	2	-	F	L	-	7	27 Vehicle Damage Rating 2		-	-	Vehicle Inventoried <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No											
Towed By All Star Towing					Towed To 5727 Southmost Rd., Brownsville 78521																								
Unit Num.	5 Unit Desc.		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State		LP Num.		VIN																		
Veh. Year	6. Veh. Color		Veh. Make		Veh. Model				7 Body Style										<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)										
8 DL/ID Type	DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																		
Address (Street, City, State, ZIP)																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																													
Person Num.	12 Psn. Type	13 Seat Position	14 Injury Severity										15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category					
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee		Name & Address																											
Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.																							
Fin. Resp. Phone Num. (956) 421-3557					27 Vehicle Damage Rating 1		-	F	L	-	7	27 Vehicle Damage Rating 2		-	-	Vehicle Inventoried <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No												
Towed By					Towed To																								
Copy from Custodial File																													

Case 1:21-cv-00054 Document 23-3 Filed on 11/15/21 in TXSD Page 6 of 12

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	3	1	Cameron County Forensic Pathology Dpt.		Garza's Funeral Home (956) 561-3654		0 6 / 0 7 / 2 0 2 0		0 6 3 7	
	3	2	Valley Baptist Medical-Brownsville		Brownsville EMS Medic 8					
	3	3	Valley Baptist Medical-Brownsville		Brownsville EMS Medic 8					
	3	4	Valley Baptist Medical-Brownsville		Brownsville EMS Medic 8					
	3	5	Valley Baptist Medical-Brownsville		Brownsville EMS Medic 8					

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.	

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address			

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	3			40	45									

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale							

Copy from Custodial File

INVESTIGATOR	Time Notified (24HR:MM)	1 4 1 8	How Notified/Dispatched	Time Arrived (24HRMM)	0 4 5 4	Report Date (MM/DD/YYYY)	0 6 / 0 7 / 2 0 2 0				
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Rodriguez, Hector				ID Num. 15582			
	ORI Num.	T X D P S 5 8 0 4	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS						Service/Region/DA	H P 3 A 0 7	

Case 1:21-cv-00054 Document 23-3 Filed on 11/15/21 in TXSD Page 7 of 12

* Crash Date (MM/DD/YYYY) 0 6 / 0 7 / 2 0 2 0				*Crash Time (24HRMM) 0 4 1 3				* 1 Rdwy. Sys. SH				* Hwy. Num. 4												
* Street Name																								
ORI Num.	T	X	D	P	S	5	8	0	4	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS				Service/ Region/DA	H	P	3	A	0	7				
Unit Num.	Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle												14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.
3	5	2	6	Venegas, Mariela Sofia												C	2	H	2	1	4	3	97	Y
ADDITIONAL PERSONS																								
<p>Copy from Custodial File</p>																								



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 5

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY) 06 / 07 / 2020			*Crash Time (24HRMM) 0 4 1 3			Case ID 2982886			Local Use					
*County Name CAMERON						*City Name						<input checked="" type="checkbox"/> Outside City Limit		
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?			<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		Latitude (decimal degrees) 2 5 * 9 9 1 7 3			Longitude (decimal degrees) 0 9 7 * 1 7 9 2 3				

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.		*Hwy. 4 Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix		
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 55		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.				

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name LBJ	4 Street Suffix BLVD
Distance from Int. or Ref. Marker 10		<input checked="" type="checkbox"/> FT	3 Dir. from Int. or Ref. Marker E	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State FL	LP Num. JA07JVV	VIN 1 3 H S D J S J R 4 D N 2 0 3 2 1 2
-------------	----------------	----------------	-------------	-------------	-----------------	---

Veh. Year 2 0 1 3	6. Veh. Color SIL	Veh. Make INTERNATIONAL	Veh. Model PROSTAR	7 Body Style TT	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 2	DL/ID State FL	DL/ID Num. T632960823800	9 DL Class 98	10 CDL End. 98	11 DL Rest. 98	DOB (MM/DD/YYYY) 1 0 / 2 0 / 1 9 8 2

Address (Street, City, State, ZIP) 6331 W 26th ST Bradenton, FL 34207

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Treto, Yandi						N	37	H	1	1	1	1	97	N	96	96	97	97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																						

<input checked="" type="checkbox"/> Owner	Owner/Lessee																			
<input type="checkbox"/> Lessee	Name & Address SYM Trucking LLC, 1803 W 47th Avenue DR Bradenton, FL 34207																			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. <input type="checkbox"/> Exempt	Fin. Resp. Name Lancer Insurance Company			Fin. Resp. Num. CM0064216-02															
Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Exempt	Resp. Type 2																		
Fin. Resp. Phone Num. 407-679-8181					27 Vehicle Damage Rating 1 - - - - -					27 Vehicle Damage Rating 2 - - - - -					Vehicle Inventoried <input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No		

Towed By Capital Towing LLC Towed To 1318 N Commerce St, Harlingen, TX 78550

Unit Num. 2	5 Unit Desc. 6	Parked Vehicle	Hit and Run	LP State FL	LP Num. 1029CU	VIN 1 U Y F S 2 4 8 X 6 A 9 2 5 1 1 5
Veh. Year 2 0 0 6	6. Veh. Color 99	Veh. Make UTILITY TRAILER MFG	Veh. Model NOT APPLICABLE	7 Body Style TL	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / / / / / /

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																							

<input checked="" type="checkbox"/> Owner	Owner/Lessee																				
<input type="checkbox"/> Lessee	Name & Address SYM Trucking LLC, 1803 W 47th Avenue DR Bradenton, FL 34207																				
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. <input type="checkbox"/> Exempt	Fin. Resp. Name Lancer Insurance Company			Fin. Resp. Num. CM0064216-02																
Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Exempt	Resp. Type 2																			
Fin. Resp. Phone Num. 407-679-8181					27 Vehicle Damage Rating 1 1 0 - L F Q - 4					27 Vehicle Damage Rating 2 1 1 - L D - 3					Vehicle Inventoried <input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No			
Towed By Capital Towing LLC					Towed To 1318 N Commerce St., Harlingen, TX 78550																

Copy from Custodial File

Case 1:21-cv-00054 Document 23-3 Filed on 11/15/21 in TXSD Page 9 of 12

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

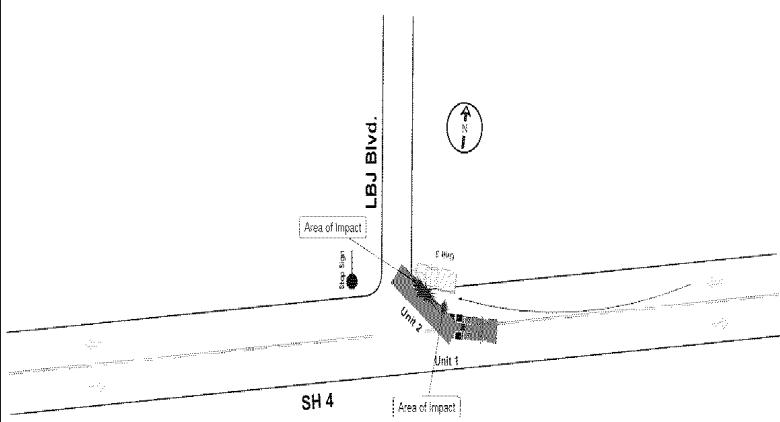
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Criminally Negligent Homicide-Felony (TXP 19.05)	TX5SKB0JWA4N

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address		

CMV	Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 02998751	30 Veh. Type 9
	Carrier's Corp. Name	SYM Trucking LLC	Carrier's Primary Addr.	1803 W 47th Avenue DR Bradenton, FL 34207						
	31 Bus Type 0	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR 5 2 3 5 0	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num. ID Num.	HazMat ID Num.	32 HazMat Class Num. ID Num.	HazMat ID Num.	33 Cargo Body Type 5		
	Unit Num. 2	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR 6 8 0 0 0	34 Trlr. Type 2	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num. 40	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR 40	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sequence Of Events	35 Seq. 1 13	35 Seq. 2	35 Seq. 3	35 Seq. 4	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	3		40	5			1	2	97	1	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale						
	Unit 1 towing Unit 2 came to a stop facing east on SH 4; then attempted to reverse northwest across an oncoming lane into LBJ Blvd. Unit 3 was traveling west on SH 4 approaching Unit 1 and 2. Unit 1 and 2 Backed without Safety, causing Unit 3's Front Left to strike Unit 2's Front Quarter and Side Swipe Unit 2's Left Side. Unit 1 and 2 remained stopped partially on SH 4 and LBJ Blvd. Unit 3 remained stopped under Unit 2. Note: Unit 3 driver may have been fatigued due not sleeping since the morning of 06/06/2020 and had been drinking (alcoholic beverages) while at the beach. Autopsy results show Unit 3 driver had a Blood Alcohol Content of .135 mg/dL, along with cocaine. Unit 3 black box evidence showed Unit 3 Driver was Speeding Over the Limit, and did not wear a seatbelt along with the Front Right Passenger.														



Copy from Custodial File

INVESTIGATOR	Time Notified (24HR:MM)	1 4 1 8	How Dispatched	Time Arrived (24HRMM)	0 4 5 4	Report Date (MM/DD/YYYY)	0 8 / 1 9 / 2 0 2 0
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Rodriguez, Hector		ID Num.	15582
	ORI Num.	T X D P S 5 8 0 4	*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H P 3 A 0 7	



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 5

IDENTIFICATION & LOCATION		Crash Date (MM/DD/YYYY) 06 / 07 / 2020		Crash Time (24HRMM) 0 4 1 3		Case ID 2982886		Total Num. Crash Type	Total Num. Person Type	TxDOT Crash ID /2020255705														
		*County Name CAMERON		*City Name						Outside City Limit														
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Latitude (decimal degrees) 2 5 * 9 9 1 7 3		Longitude (decimal degrees) 0 9 7 * 1 7 9 2 3																		
ROAD ON WHICH CRASH OCCURRED																								
*1 Rdwy. SH Sys.		*Hwy. 4 Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix												
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 55		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.													
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																								
At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No		1 Rdwy. I.R. Sys.		Hwy. Num.		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name LBJ		4 Street Suffix BLVD										
Distance from Int. or Ref. Marker 10			<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker E		Reference Marker		Street Desc.		RRX Num.													
Unit Num. 3	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle		Hit and Run		LP State TX		LP Num. MWV6323		VIN 3 G T U 9 D E D 0 I G 2 0 8 4 4 0														
Veh. Year 2 0 2 0	6. Veh. Color WHI			Veh. Make GMC				Veh. Model SIERRA		7 Body Style PK			Pol. Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 29503798		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 9 / 2 0 / 1 9 8 4														
Address (Street, City, State, ZIP) 2004 Yost RD San Benito, TX 78586																								
Vehicle, Driver, & Persons		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																						
Person Num.	12 Psnl. Type	13 Seat Position									14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Ejct.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1 1	1	1	Venegas, Carlos Javier								K	35	H	1	1	96	5	97	N	98	0.135	98	1	3
2 2	2	4	Venegas, Lucinne Dennise								B	36	H	2	1	1	3	97	Y					
3 2	2	3	Venegas, Gabriela Dannely								A	10	H	2	1	96	5	97	Y					
4 2	2	5	Venegas, Danniela Denise								B	13	H	2	1	3	97	97	Y					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Name & Address De Venegas Medellin, Maria J, 6928 Red Cedar ST Brownsville, TX 78526														Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name Progressive County Mutual Insurance		Fin. Resp. Num. 935404218																
Fin. Resp. Phone Num. (956) 421-3557				27 Vehicle Damage Rating 1 1 2 - F L - 7				27 Vehicle Damage Rating 2 - - - - -								Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Towed By All Star Towing				Towed To 5727 Southmost Rd., Brownsville 78521																				
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle		Hit and Run		LP State		LP Num.		VIN														
Veh. Year	6. Veh. Color			Veh. Make				Veh. Model		7 Body Style						Pol. Fire, EMS on Emergency (Explain in Narrative if checked)								
8 DL/ID Type	DL/ID State	DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)	/ / / / / / / /													
Address (Street, City, State, ZIP)																								
Vehicle, Driver, & Persons		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																						
Person Num.	12 Psnl. Type	13 Seat Position									14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Ejct.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Name & Address														Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
Proof of <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.																
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 - - - - -				27 Vehicle Damage Rating 2 - - - - -								Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No								
Towed By				Towed To																				

Copy from Custodial File

Case 1:21-cv-00054 Document 23-3 Filed on 11/15/21 in TXSD Page 11 of 12

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To				Taken By				Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)				
	3	1	Cameron County Forensic Pathology Dpt.				Garza's Funeral Home (956) 561-3654				0 6 / 0 7 / 2 0 2 0		0 6 3 7				
	3	2	Valley Baptist Medical-Brownsville				Brownsville EMS Medic 8										
	3	3	Valley Baptist Medical-Brownsville				Brownsville EMS Medic 8										
	3	4	Valley Baptist Medical-Brownsville				Brownsville EMS Medic 8										
	3	5	Valley Baptist Medical-Brownsville				Brownsville EMS Medic 8										
CHARGES	Unit Num.	Prsn. Num.	Charge										Citation/Reference Num.				
DAMAGE	Damaged Property Other Than Vehicles					Owner's Name					Owner's Address						
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes	28 Veh. Oper.	29 Carrier ID Type			Carrier ID Num.						
	Carrier's Corp. Name					Carrier's Primary Addr.									30 Veh. Type		
	31 Bus Type		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR			HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.		33 Cargo Body Type			
	Unit Num.		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Sequence Of Events	35 Seq. 1	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit		<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles				
	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.		38 Weather	39 Light	40 Entering	41 Roadway	42 Roadway	43 Surface
3	67	68	61	40							Cond.	Cond.	Roads	Type	Alignment	Condition	Control
FACTORS & CONDITIONS	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale						
NARRATIVE AND DIAGRAM																	

Copy from Custodial File

INVESTIGATOR	Time Notified (24HR:MM)	1 4 1 8	How Notified/Dispatched	Time Arrived (24HRMM)	0 4 5 4	Report Date (MM/DD/YYYY)	08 / 19 / 2020
	Invest. <input checked="" type="checkbox"/> Yes	Investigator Name (Printed) Rodriguez, Hector				ID Num. 15582	
	Comp. <input type="checkbox"/> No						
ORI Num.	T X D P S 5 8 0 4	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS				Service/ Region/DA	H P 3 A 0 7

Case 1:21-cv-06654 Document 23-3 Filed on 11/15/21 in TXSD Page 12 of 12

Copy from Custodial File